



Secretary of State
Statement of Information
(Limited Liability Company)

LLC-12

18-A99577

FILED

In the office of the Secretary of State
of the State of California

MAR 16, 2018

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IMPORTANT — [Read instructions](#) before completing this form.

Filing Fee – \$20.00

Copy Fees – First page \$1.00; each attachment page \$0.50;
Certification Fee - \$5.00 plus copy fees

1. Limited Liability Company Name (Enter the exact name of the LLC. If you registered in California using an alternate name, [see instructions](#).)

FULL STOP MANAGEMENT, LLC

2. 12-Digit Secretary of State File Number
201710310047

3. State, Foreign Country or Place of Organization (only if formed outside of California)
DELAWARE

4. Business Addresses

a. Street Address of Principal Office - Do not list a P.O. Box 1100 glendon ave ste 2100	City (no abbreviations) los angeles	State CA	Zip Code 90024
b. Mailing Address of LLC, if different than item 4a 1100 glendon ave ste 2100	City (no abbreviations) los angeles	State CA	Zip Code 90024
c. Street Address of California Office, if Item 4a is not in California - Do not list a P.O. Box 1100 glendon ave ste 2100	City (no abbreviations) los angeles	State CA	Zip Code 90024

5. Manager(s) or Member(s)

If no **managers** have been appointed or elected, provide the name and address of each **member**. At least one name **and** address must be listed. If the manager/member is an individual, complete Items 5a and 5c (leave Item 5b blank). If the manager/member is an entity, complete Items 5b and 5c (leave Item 5a blank). Note: The LLC cannot serve as its own manager or member. If the LLC has additional managers/members, enter the name(s) and addresses on Form LLC-12A ([see instructions](#)).

a. First Name, if an individual - Do not complete Item 5b Irving	Middle Name	Last Name Azoff	Suffix
b. Entity Name - Do not complete Item 5a			
c. Address 1100 glendon ave ste 2100	City (no abbreviations) los angeles	State CA	Zip Code 90024

6. Service of Process (Must provide either Individual **OR** Corporation.)

INDIVIDUAL – Complete Items 6a and 6b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State CA	Zip Code

CORPORATION – Complete Item 6c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b

NATIONAL REGISTERED AGENTS, INC. (C1941323)

7. Type of Business

a. Describe the type of business or services of the Limited Liability Company
Talent Management

8. Chief Executive Officer, if elected or appointed

a. First Name Jeffrey Azoff (Co-CEO) &	Middle Name	Last Name Brandon Creed (Co-CEO)	Suffix
b. Address 1100 glendon ave ste 2100	City (no abbreviations) los angeles	State CA	Zip Code 90024

9. The Information contained herein, including any attachments, is true and correct.

03/16/2018

Date

Julie Tremblay

Type or Print Name of Person Completing the Form

Authorized Representative

Title

Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address. This information will become public when filed. [SEE INSTRUCTIONS](#) BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []



**Attachment to
Statement of Information
(Limited Liability Company)**

**LLC-12A
Attachment**

18-A99577

A. Limited Liability Company Name

FULL STOP MANAGEMENT, LLC

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B. 12-Digit Secretary of State File Number

201710310047

C. State or Place of Organization (only if formed outside of California)

DELAWARE

D. List of Additional Manager(s) or Member(s) - If the manager/member is an individual, enter the individual's name and address. If the manager/member is an entity, enter the entity's name and address. Note: The LLC cannot serve as its own manager or member.

First Name Elizabeth	Middle Name	Last Name Collins	Suffix
Entity Name			
Address 1100 glendon ave ste 2100	City (no abbreviations) los angeles	State CA	Zip Code 90024
First Name Susan	Middle Name	Last Name Genco	Suffix
Entity Name			
Address 1100 glendon ave ste 2100	City (no abbreviations) los angeles	State CA	Zip Code 90024
First Name Jeffrey	Middle Name	Last Name Azoff	Suffix
Entity Name			
Address 1100 glendon ave ste 2100	City (no abbreviations) los angeles	State CA	Zip Code 90024
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code
First Name	Middle Name	Last Name	Suffix
Entity Name			
Address	City (no abbreviations)	State	Zip Code